No. 300
10.48

FILED SEP 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31220

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5187 Registrar's No. 46

160
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Shuble Twp
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) White Water R F D # I

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) White Water Mo 0160
d. STREET ADDRESS (If rural, give location) R F D #I 0

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) John c. (Last) Kuehle

4. DATE OF DEATH (Month) Sept (Day) 21 (Year) 1953

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 14 1895
9. AGE (In years last birthday) 58 58 IF UNDER 1 YEAR Months 2 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Co 0
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Fernand Kuehle
13b. MOTHER'S MAIDEN NAME Emma Neumeyer
14. NAME OF HUSBAND OR WIFE Rose Ludwig Kuehle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Mrs Wm Kuehle ADDRESS White Water, R I

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) diabetes

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 260X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 20, 1953 *to* Sept 21, 1953 *that I last saw the deceased alive on* Sept 20, 1953 *and that death occurred at* 6:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm Davault
23b. ADDRESS Delta Mo
23c. DATE SIGNED Sept 22 '53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 23 1953
24c. NAME OF CEMETERY OR CREMATORY Zeoin M E Church
24d. LOCATION (City, town, or county) Gordenville Mo (State)

DATE REC'D BY LOCAL REG. Sept 2 1953
REGISTRAR'S SIGNATURE S G Sutter 43-0
25. FUNERAL DIRECTOR'S SIGNATURE McCombs F & M Co ADDRESS Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed B. R. Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.